

State of Alabama Unified Judicial System Form C-10 Page 1 of 2	<h2 style="margin: 0;">AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER</h2>	Case Number <div style="font-size: 1.2em; font-family: cursive;">1:07cv959-MHT</div>
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IN THE _____ COURT OF _____ ALABAMA
 (Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: Denise Nail v. _____
 Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.

AFFIDAVIT

1. IDENTIFICATION

Full Name Angela Denise Nail Date of Birth January 8, 1961
 Spouse's Full Name (if married) Na
 Complete Home Address 116 East Street #46
Carrollton, Alabama 35447
 Number of People Living in Household 3
 Home Telephone No. Na
 Occupation/Job Disabled Length of Employment 4 Years
 Driver's License Number _____ * Social Security Number _____
 Employer Na Employer's Telephone No. Na
 Employer's Address Na

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ 852.00
Spouse's Monthly Gross Income (unless a marital offense)	0
Other Earnings: Commissions, Bonuses, Interest Income, etc.	0
Contributions from Other People Living in Household	0
Unemployment/Workmen's Compensation,	0
Social Security, Retirement, etc.	0
Other Income (be specific) <u>\$240.00 Student Pell</u>	\$22.20 MONTHLY Extra
<u>Bonus cut at time</u>	\$ 924.20
TOTAL MONTHLY GROSS INCOME	

Monthly Expenses:

A. Living Expenses	
Rent/Mortgage	\$ 0
Total Utilities: Gas, Electricity, Water, etc.	\$ 39.56
Food	\$ 250.00
Clothing	\$ 25.00
Health Care/Medical	\$ 4.00
Insurance	\$ 78.28
Car Payment(s)/Transportation Expenses <u>gas</u>	\$ 422.00
Loan Payment(s)	0

Form C-10 Page 2 of 2	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number
Monthly Expenses: (cont'd from page 1) <u>\$95.86 Coverage Vehicle Repairs Insurance Monthly</u> Credit Card Payment(s) <u>\$16.00 Postal Supplies</u> , Telephone <u>\$40.00</u> Educational/Employment Expenses <u>Cable \$</u> Other Expenses (be specific): <u>Credit card \$30.00</u> <u>\$253.00</u> <u>Laundry Cost \$40.00</u> <div style="text-align: right;">Sub-Total</div>		
B. Child Support Payment(s)/Alimony \$ <u>0</u> <div style="text-align: right;">Sub-Total</div>		A \$ <u>1,034.08</u> B \$ <u>0</u>
C. Exceptional Expenses \$ <u>0</u> <div style="text-align: right;">TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)</div>		\$ <u>1,034.08</u>
Total Gross Monthly Income less total monthly expenses: <div style="text-align: right;">DISPOSABLE MONTHLY INCOME</div>		
<div style="text-align: right;">\$ <u>-109.80</u></div>		
4. LIQUID ASSETS: Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ <u>26.00</u> Equity in Real Estate (value of property less what you owe) <u>0</u> Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe) <u>0</u> Other (be specific) Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house boat, TV, stereo, jewelry) <u>32" Color Television</u> If so, describe _____ <div style="text-align: right;">TOTAL LIQUID ASSETS</div>		
<div style="text-align: right;">\$ <u>26.00</u></div>		
5. Affidavit/Request I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.		
Sworn to and subscribed before me this <u>31</u> day of <u>August</u> , <u>2007</u> . <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>[Signature]</u> Judge/Clerk/Notary </div> <div style="width: 40%;"> <u>Angela Denise Nails</u> Affiant's Signature <u>Angela Denise Nails</u> Print or Type Name </div> <div style="width: 20%; text-align: center;"> My Commission expires <u>Dec 7,</u> <u>2008</u> </div> </div>		
SECTION II. ORDER OF COURT IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:		
<input type="checkbox"/> Affiant is not indigent and request is DENIED. <input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____ <input type="checkbox"/> Affiant is indigent and request is GRANTED. <input type="checkbox"/> The prepayment of docket fees is waived.		
IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.		
IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.		
Done this _____ day of _____, 19 _____.		
_____ Judge		